## ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

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State File No	<u></u>	·	<del></del>
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Registrar

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PLACE OF BIRTH STANDARD CERTIF	FIGATE OF BIXIT
ounty	State
	or VillageWard
tyNo(If birth occu	St. Ward  wred in a hospital or institution, give its NAME instead of street and number)  If child is not yet named, make supplemental report, as directed.
Sex of Child To be answered ONLY in event of plural births.  To be answered ONLY 4. Twin, triplet or other.	9. Legitimate? 7. Date 7 14 2 9 of birth Month Day Year
d. FATHER Full name Regard & Breech.	14. MOTHER Stilly
9. Residence (Usual place of abode)	15. Residence (Usual place of abode)  If non-resident, give place and state.
10. Color or race  11. Age at last birthday (Years)	16. Color or race
12. Birthplace (city or place).	18. Birthplace (city or place)
(State or country)  13. Occupation Nature of industry	19. Occupation Nature of Industry
(Taken as of time of birth of child herein (Taken) and including this child ) (c) Stillborn	and now living 13   21. Were precautions taken against oph- thalmia neonatorum?
GERTIFICATE OF ATTENDIN I hereby certify that I attended the birth of this child, who was	
• When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.	(Physician or Midwife).
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